

Insurance Guide

SignatureSuper[®]

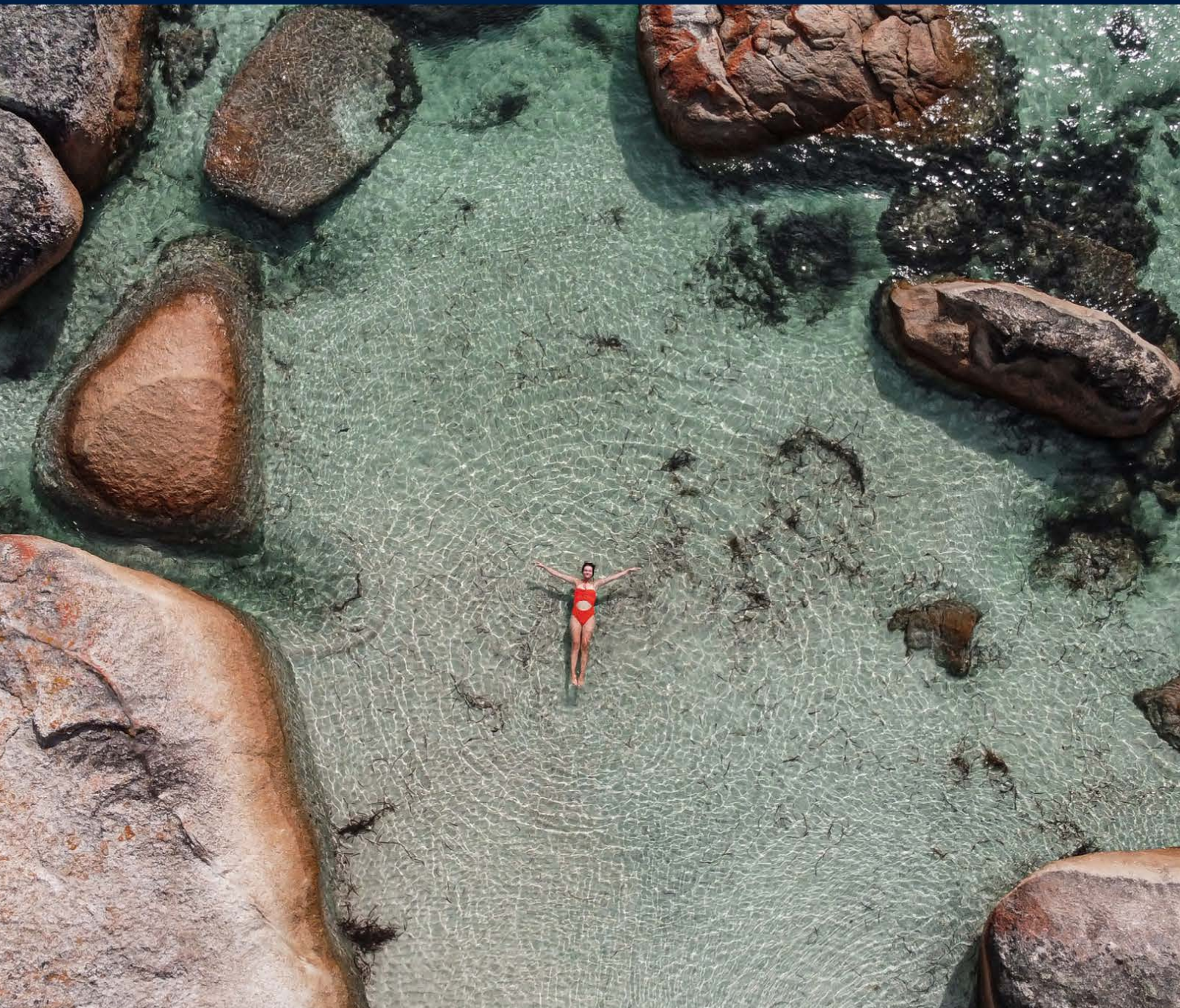
Essential Protection

Super Protection

For members of former AMP Flexible Super plans

Issued 1 July 2023 by N.M. Superannuation Proprietary Limited, the trustee of the AMP Super Fund

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This is SignatureSuper Super protection and Essential protection - Insurance Guide. The SignatureSuper guides are important documents. You should read them with the product disclosure statement (PDS) to understand how SignatureSuper Super protection and Essential protection works.

The information in this document forms part of the **product disclosure statement** for SignatureSuper personal super (PDS). To understand how SignatureSuper works, read the **PDS**, with the **guides** (insurance, investment and member).

Issued by N.M. Superannuation Proprietary Limited (NM Super) ABN 31 008 428 322, AFSL No. 234654, RSE Licence No. L0002523, the trustee of the AMP Super Fund ABN 78 421 957 449 and is referred to as **NM Super, trustee, we, us, or our** in this document. AMP SignatureSuper is part of the AMP Super Fund.

Information in this document may change from time to time. We may update information which is not materially adverse to you and make it available at amp.com.au/pdsupdates. A paper copy of the update can also be obtained (at no charge) by calling us on 131 267 or from your financial adviser.

The information provided in this document is general information only and does not take into account your personal financial situation or needs. You should obtain financial advice tailored to your personal circumstances.

No other company in the AMP group of companies or any of the investment managers of the investment options:

- is responsible for any statements or representations made in this document
- guarantees the performance of NM Super's obligations to members or assumes any liability to members in connection with SignatureSuper.

Except as expressly disclosed in the PDS or guides:

- investments in the investment options are not deposits or liabilities of NM Super, AMP Bank Limited ABN 15 081 596 009 (AMP Bank), any other member of the AMP group or any of the investment managers
- no person guarantees the performance of this super product or any of the investment options, any particular rate of return or the repayment of capital.

The trustee may enter into financial or other transactions with related bodies corporate in relation to SignatureSuper. That related body corporate may be entitled to earn fees, profits, reimbursements or expenses or other benefits in relation to any such appointment or transaction and to retain them for its own account.

SignatureSuper is managed and administered in accordance with the PDS and guides. We may change the way SignatureSuper is managed and administered at any time with, in the case of an increase in fees, at least 30 days' notice. Otherwise, notice will be provided before or as soon as practicable after the change occurs.

This offer is available only to persons receiving (including electronically) the PDS and guides within Australia.

Insurance through super

Your super is a tax-effective way to provide cover for you, and those who are important to you.

Personal Insurance

There are two types of personal insurance cover available through SignatureSuper:

- Essential Protection*
- Super Protection*.

***Please note: From 31 October 2022 new members and existing members who don't already have insurance will no longer be eligible to apply for insurance under Essential Protection or Super Protection.**

If you are an **existing member with insurance**, you can contact us to apply to change your cover.

Here is an overview:

Insurance feature	Essential Protection	Super Protection
Insurance payable if you die	✓ Death cover	✓ Death cover
Entry age range	16–55	13–74
Age cover ceases	65	99
Insured amount	\$50,000–\$250,000 (in \$1,000 increments)	\$10,000 minimum, no maximum
Insurance payable for Total and Permanent Incapacity	✓ Total and Permanent Disablement (TPD) cover ⁽ⁱ⁾	✓ Permanent Incapacity cover ⁽ⁱ⁾
Entry age range	16–55	16–60
Age cover ceases	65	99 (but a modified permanent incapacity definition applies after age 65)
Insured amount	\$50,000–\$250,000 (in \$1,000 increments) (must equal Death cover insured amount)	\$10,000 minimum \$5 million maximum
Insurance payable for income replacement	✗	✓ Temporary Incapacity cover
Entry age range	-	16–60
Expiry age	-	65
Insured amount	-	\$1,250 per month minimum \$30,000 per month maximum

(i) Occupation eligibility rules apply.

More about our insurance offer

When your cover starts

You will need to apply if you want additional insurance cover in SignatureSuper. Your application will be assessed and we will let you know if it has been accepted. When we confirm your insurance cover, we will also confirm the cost of your cover.

When we receive a contribution, we will deduct the costs of your cover from the day the insurance started. If we don't receive a contribution within 60 days of your account starting, we will then cancel your cover (but only after we have told you in writing).

Your cover will not start if **any** of the following apply to you:

- you are aged under 25
- since opening the account, your balance hasn't reached \$6,000, or
- your account hasn't received a contribution or rollover for 16 months, unless you tell us you'd like cover to be provided and kept in your account (you can do this by completing the insurance opt-in tick box on your application form).

Your insurance fees

Your insurance fees is made up of your premiums and any insurance service fees and stamp duty that applies.

Your insurance fees is the cost you pay for your insurance cover and depends on many factors. Insurance fees are paid in advance and are deducted from your super account at the start of every month. Insurance fees are payable from when your cover starts until it stops.

Factors that can affect the calculation of your insurance fees include:

- product – Essential Protection or Super Protection
- premium rates
- type of cover
- age
- gender
- smoking status
- amount of insurance cover
- occupation
- state of health
- waiting period and benefit period
- sports/recreational activities
- optional extras
- Insurance service fees (see Insurance service fees), and
- stamp duty.

For Death cover, the monthly premium will include a **base factor**. The base factor is \$9.92 and will be increased with indexation on 1 July each year.

Depending on your circumstances, each of these factors may affect the amount you need to pay.

Your SignatureSuper premium rates can change at any time.

If your insurance fees is increased, we will notify you at least 30 days in advance unless the increase is due to:

- age or CPI-based recalculations on 1 July each year
- you changing your insurance, or
- a stamp duty change or new government charge.

If premium rates are reduced (or increase discounts), the insurance fee you pay may be kept the same by increasing your insured amount. We will write to you before this occurs.

Insurance service fees

The insurance service fee is 6% of your premium, capped at \$25 per month. The insurance service fee is charged by us and covers the cost to administer your insurance. For details refer to the **Fees and costs** section of the **PDS** or **Member Guide** or your **welcome letter**.

What impact does insurance have on your super

Insurance provides an important benefit to many members. Having insurance in your super means the cost of your cover will reduce your super balance over time. It's important for you to regularly review the amount and cost of your current insurance cover to make sure it's right for you, and consider discussing your insurance needs with a financial adviser.

You can log in to My AMP at any time to check your current arrangements and visit amp.com.au/whyinsurance to find out more about what insurance is right for you.

Our approach to claims

We recognise that your situation is unique. We will work with you transparently, fairly and with respect and empathy. Together we will select the best solution for you based on your situation, providing the right support and management at the right time.

We provide more than financial assistance. Wherever we can, we will help you return to work.

How to make a claim

When you or your representative become aware of a potential claim, we need to be told as soon as reasonably possible.

You or your representative can lodge an insurance claim through your AMP super account using any one of these options:

Online:	For Illness or injury claims	Online Claims form
	For Life (also known as Death) insurance claim	Online Claims form
Call:	For Illness or injury claims	1300 366 214 Mon-Fri 8.30am-5pm (Sydney time)
	For Life (also known as Death) insurance claim	1300 373 654 Mon-Fri 8.30am-5pm (Sydney time)
Write:	AMP Claims, PO Box 181, Parramatta, NSW 2124	
Email:	amp_claims_admin@amp.com.au	

What will happen next?

1. We'll send a claim pack

- We'll send a claim pack to fill out and return to us by email or post. We'll only ask for the information the insurer needs to start your claim.

2. Your AMP claim administrator will be in touch

- If we need more information to process your claim, we'll contact you or your representative within 5 business days from when we receive initial claim form. This team member will be the AMP contact for any questions throughout the process.
- If you or your representative contact us with any questions about your claim, we'll get back to you or your representative within 10 business days.

3. The insurer will assess your claim

- Once we receive completed documents, we'll pass your claim onto the insurer within 5 business days, so it can be assessed.
- Either the insurer or AMP will keep you or your representative informed about the progress of your claim at least every 20 business days, and will respond within 10 business days about any questions raised.
- You or your representative can also contact the insurer directly with any questions during this time.
- The insurer may also contact you or your representative to request more information that's relevant to your claim, like specific medical or occupational details.

4. We'll let you or your representative know the outcome of the claim

- If your claim is accepted, you or your representative will be contacted to confirm how to pay the benefits to you or any beneficiaries (depending on the type of claim).
- If your claim is declined, we will review the insurer's decision within 15 business days and let you or your representative know why and what your options are.

5. Develop a recovery plan (for Temporary Incapacity cover only)

- If your Temporary Incapacity claim is accepted, the insurer may work with you to set up a recovery or support plan that's specific to your situation. The insurer will also ask whether there are any additional requirements they need, to continue your payments.

What happens if you are claiming a TPD benefit and you die before the claim has been accepted by the insurer

If you die while your TPD claim is being considered, the insurer will consider eligibility to claim under the Death benefit instead. Except where your TPD benefit insured amount is higher than your Death benefit insured amount, if the Death benefit is paid, your TPD claim will be cancelled. SignatureSuper insurance cover will not pay both the insured TPD benefit and the Death benefit. Only the higher benefit amount will be paid.

Your insurer

Resolution Life Australasia Limited ABN 84 079 300 379 (the **insurer**) is the insurer for your SignatureSuper plan.

Insurer consent

Resolution Life Australasia Limited:

- has given and has not withdrawn its consent in relation to being named in this document, and
- has not issued or caused the issue of this document.

Policy documents

The insurance cover in your SignatureSuper plan is provided under policies of insurance issued to the trustee by the insurer. In all cases, insurance cover for a member is subject to the terms and conditions of the insurance policies issued by the insurer.

In the event of any inconsistency between the terms and conditions of the insurance policies and this document, the **PDS** or your **plan summary**, the terms and conditions of the insurance policies prevail.

Essential Protection in detail

Types of cover available

Essential Protection provides a basic level of:

- Death cover (including terminal illness benefit), or
- Death and Total and Permanent Disablement (TPD) cover. TPD is only available with Death cover and the insured amount must be the same as Death cover.

Death cover

If you have Death cover, the insurer will pay the Death cover insured amount if you die (except as outlined below).

If the insurer pays an insured death benefit to your super account, your TPD cover will end.

On notification of a death claim, we will switch your account balance into Super Cash, which is a low-risk investment option. If an insurance claim becomes payable to us, it will also be invested in Super Cash.

A death benefit payment is made up of:

- your super balance, plus
- the proceeds of any insurance claim paid by the insurer.

Terminal illness benefit

Death cover has an in-built terminal illness benefit at no extra cost.

If you are terminally ill, the insurer will pay 100% of your Death cover insured amount to your super account (except as outlined in the **when the insurer won't pay a claim** section of this insurance guide).

The amount paid is the Death cover insured amount on the date the insurer determines you are likely to die within 12 months.

We may ask you to provide additional evidence the insurer require in order to determine whether you are terminally ill. This may include providing information from doctors the insurer choose.

No terminal illness benefit will be paid if the Death cover has lapsed, been cancelled, or is otherwise not in force prior to the date you became terminally ill.

If a Terminal Illness claim is admitted, the insurer will pay the insured amount to us and will be invested into Super Cash, a low-risk investment option. Then, if you satisfy a condition of release under superannuation law, we will make the proceeds available to you as a lump sum.

Your TPD cover insured amount will be reduced by the amount of any terminal illness benefit that is paid. On payment of the terminal illness benefit, your Death cover will cease.

Please note that under superannuation law the **terminal illness** test for release of funds is broader and operates on a 24 month timeframe. This is different to the operation of your insurance policy, please refer to the section below for important information.

Differences between the insurance policy and superannuation law

Under superannuation law, a member who is certified by two **doctors** (one who is a specialist in the field of the Insured Member's illness) as having a life expectancy of 24 months or less from the date of certification will be considered to have met a Terminal Medical condition of release. If you have met a condition of release and choose to withdraw your full account balance, your superannuation account will be closed and any insurance cover that you held through your account will be cancelled from the date of closure. If you close your account between the 24 and 12 month period and subsequently die, your beneficiaries will not be able to claim against any insurance cover (due to it being cancelled).

Before closing your account, Terminally Ill members should seek financial advice to ensure that you fully understand the impact that this will have on your ability to claim against any insurance cover that you hold through your superannuation account. If you leave your superannuation account open with sufficient funds to pay your ongoing insurance fees, your insurance cover will continue. If you subsequently meet the definition of Terminally Ill (your life expectancy is 12 months or less) under the insurance policy, you will be able to claim against your insurance policy.

Total and Permanent Disablement (TPD) cover

If you have TPD cover, the insurer will pay the TPD cover insured amount to your super account if you become totally and permanently disabled (except as outlined on page 7).

If a benefit for TPD cover is paid, your Death cover will end.

Informing us early about your illness or injury will help us process your claim with the insurer more efficiently. Delays in notification could impact the benefit paid to you.

Upon acceptance of a TPD claim, your account balance will remain in your current superannuation investment option whilst your TPD benefit will be invested into Super Cash, a low risk cash option.

Occupation categories for Essential Protection

Death cover is available in all occupation categories.

To be eligible for TPD cover, you must be working at least 10 hours per week in an occupation classified as white collar, light manual or heavy manual. TPD cover is not available to occupations classified as hazardous. These categories are defined in the following table:

Occupation category	Description
White collar (including full-time home duties)	<p>Where duties are of a sedentary nature. Includes indoor occupations which require tertiary qualifications and may involve very light physical work. Includes white collar workers whose duties are not always limited to an office environment, who may be required to travel or who require customer contact outside the office environment.</p> <p>Examples: Accountant, administrator, clerk, computer programmer, dentist, doctor, physiotherapist, receptionist, sales representative, teacher.</p>
Light manual	<p>Occupations involving light manual work performed by skilled crafts people or licensed trades people. Includes those supervising manual work, with some involvement in light manual work only.</p> <p>Examples: Chef, café proprietor, driving instructor, electrician, hairdresser, jeweller, locksmith, mechanic, newsagent, nurse, painter, panel beater, upholsterer.</p>
Heavy manual	<p>Heavy manual work performed by skilled workers. Light manual work performed by unskilled workers.</p> <p>Examples: Concreter, cleaner, ceiling fixer, car detailer, greengrocer, market gardener, postman, sales assistant – fast food, storeman, waiter/waitress.</p>
Hazardous	<p>Heavy manual work performed by unskilled workers or those involved in hazardous duties.</p> <p>Examples: Abalone/rescue diver, ammunition worker, asbestos worker, diving instructor, explosive worker, flying instructor, horse breaker/jockey, scaffolder, underground miner.</p>

When the insurer won't pay a claim

Death cover (including terminal illness benefit)

The insurer won't pay the Death benefit or an increase in the Death benefit if death was a result of suicide occurring within 13 months of the insurance being taken out, reinstated, or of the increase of insurance.

The insurer won't pay a terminal illness benefit or an increase in your terminal illness benefit:

- if we have not been provided with any evidence we reasonably require to determine whether you have a terminal medical condition, or
- if your terminal illness results from wilful and intentional self-inflicted illness or injury occurring within 13 months of the insurance being taken out, reinstated, or of the increase of insurance.

TPD cover

The insurer won't pay an insured TPD benefit if disablement results from a deliberate and intentional act.

When your cover stops

Your insurance cover continues until:

- you turn 65
- you cancel your cover
- we pay a claim for which you are eligible
- you stop being a member
- you die, or
- if no contributions or rollovers have been received into your account for a period of 16 months, we may be required to cancel your insurance (unless you've told us in writing that you want to keep your insurance - you can do this online at amp.com.au/insurancecancellation).

Your account doesn't have enough money to pay the full value of all insurance fees at the time they are charged to your account, meaning your insurance will stop one month after we give you written notice (unless sufficient money is received). If your insurance cover stops, you will need to reapply if you want insurance cover again.

If you would like to cancel any insurance cover, simply contact us and tell us what cover you want to cancel. The effective date for cancellation of cover is the date we receive a request from you.

If you cancel your cover:

- you will not be able to make a claim for insurance benefits for events or conditions that arise after your cover has cancelled
- we will no longer deduct insurance fees from your account, and
- you may not be able to apply for cover again.

If you are cancelling your cover because you intend to apply for alternative cover elsewhere, you should not cancel until the alternative cover is in place. You can get independent financial advice to help you to make a decision on cancellation.

Insurance definitions for Essential Protection

Term	Definition
Actively employed (or active employment)	<p>The person was:</p> <p>(a) either:</p> <ul style="list-style-type: none"> i. performing all their duties of their normal occupation without restriction due to injury or illness or would have been capable of doing so, had the relevant day not been a public holiday or weekend day, or ii. on employer approved leave (except leave caused by any injury or illness or was absent for reasons other than injury or illness) and the person would be capable of attending work and performing all their duties of their normal occupation without restriction, and <p>(b) in the Insurer's opinion, not restricted by injury or illness from being capable of performing their normal occupation on a full-time basis, for at least 30 hours per week even though actual employment may be on a full-time, part-time, casual or contract basis, and</p> <p>(c) not receiving or claiming and/or entitled to claim income support benefits from any source, including but not limited to, workers' compensation benefits, statutory transport accident benefits and disability income benefits.</p>
Doctor	<p>A legally qualified medical practitioner registered to practice in Australia, New Zealand, the United Kingdom, the United States of America or Canada. That person may not be:</p> <ul style="list-style-type: none"> – you – your business partner, or – a member of your immediate family.
Normal occupation	<p>Means a set of duties and responsibilities that the Insured Person has been employed to perform for an employer, with reference to any formal written account or other such quantifiable material determined by the Insurer, of such duties and responsibilities.</p>
Terminally ill	<p>Terminally ill means you are suffering from an illness, or have incurred an injury, and:</p> <ul style="list-style-type: none"> – two doctors have certified, jointly or separately, that you suffer from an illness, or have incurred an injury, that is likely to result in your death within a period (the certification period) that ends not more than 12 months after the date of the certification – at least one of the doctors is a specialist practising in an area related to the illness or injury suffered, and – for each of the certificates, the certification period has not ended, and <p>after consideration of such evidence as we might reasonably require, we are of the opinion that your death is likely within 12 months.</p> <p>Insurance benefits are paid by the insurer to the Trustee and are credited to your super account.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Please note: If your Death cover commenced prior to 1 July 2014 and you have continuously held Death cover since, a different definition of terminally ill applies.</p> </div>
Total and permanent disablement or totally and permanently disabled (TPD)	<p>You are totally and permanently disabled if you:</p> <ul style="list-style-type: none"> – suffer an injury or illness and are unable to work, or – suffer an illness or injury that in our opinion deems you to have suffered permanent incapacity and: – results in the total and irrecoverable loss of the use of two limbs or the sight of both eyes, or the use of one limb and the sight of one eye (and survive for 14 days after the loss) – means you are unable to perform two or more activities of daily living without assistance from someone else (and survive for 14 days), or – you suffer significant and permanent cognitive impairment (and survive for 14 days). <p>(Terms in bold are defined below).</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Please Note: If your TPD cover commenced prior to 1 July 2014 and you have continuously held TPD cover since, a different definition of total and permanent disablement applies.</p> </div> <p>Activities of daily living</p> <ul style="list-style-type: none"> – Washing: You can wash yourself by some means – Dressing: You can put clothing on or take clothing off – Feeding: You can get food from a plate into your mouth, and – Continence: You can control both your bowel and your bladder function. – Mobility: You can: <ul style="list-style-type: none"> – get in and out of bed

Term	Definition
	<ul style="list-style-type: none"> — get on or off a chair/toilet, and — move from place to place without using a wheelchair. <p>Cognitive impairment</p> <p>You suffer cognitive impairment with a loss of intellectual capacity, and you are required to be under the continuous care and supervision of someone else.</p> <p>Gainfully employed</p> <p>You are employed or self-employed for gain or reward in any business, trade, profession, vocation, occupation or employment.</p> <p>Limb</p> <p>The whole hand below the wrist or the whole foot below the ankle.</p> <p>Ongoing care</p> <p>You:</p> <ul style="list-style-type: none"> — sought advice, care and associated treatment that was reasonably necessary and appropriate, from an appropriate doctor or consultant medical specialist who personally assessed you, and were provided with full clinical details in relation to your illness or injury, and you have continued to do so at reasonable intervals in the circumstances — followed the advice, care and associated treatment of the appropriate doctor or consultant medical specialist, and — have taken all other reasonable measures to minimise or avoid further illness or injury. <p>Permanent incapacity</p> <p>You are permanently incapacitated if the insurer is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you are reasonably fitted by education, training or experience.</p> <p>Regular remunerative work</p> <p>You are doing work in any employment, business or occupation for at least 10 hours per week. You must be doing the work for reward or hope of reward of any type.</p> <p>Unable to work</p> <p>You suffer an illness or injury while engaged in regular remunerative work (or within six months after you ceased regular remunerative work) and:</p> <ul style="list-style-type: none"> — your illness or injury wholly prevents you from engaging in regular remunerative work for at least six months in a row — since you became ill or injured, you have been under ongoing care for that illness or injury, and — in our opinion, the illness or injury means that you are unlikely to ever return to gainful employment for which you are reasonably qualified by education, training or experience. <p>You must survive for six months from the date of ceasing regular remunerative work.</p>

Super Protection in detail

Types of cover available to existing member with insurance

Super Protection provides a comprehensive level of insurance for:

- Death cover (including Terminal Medical Condition cover)
- Permanent Incapacity cover
- Temporary Incapacity cover (income replacement)

You can include insurance for one or more of the above, in any combination, in your Super account.

Included features		
CPI feature	✓	Available to select at application, at no extra cost for Death cover, Permanent Incapacity cover and Temporary Incapacity cover (excluding to age 65 benefit period)
Interim cover	✓	
Future personal insurability	✓	Included with Death cover and Permanent Incapacity cover only
Future income insurability	✓	Included with Temporary Incapacity cover only
Waiver of premiums	✓	Included with Temporary Incapacity cover only
Death benefit	✓	Included with Permanent Incapacity cover and Temporary Incapacity cover only
Change of employer feature	✓	Included with Temporary Incapacity cover only
Extra cost options		
CPI feature (Temporary Incapacity cover, to age 65 benefit period only)	✓	Automatically increase the Temporary Incapacity cover benefit by the lesser of the annual change in the CPI and 10% while we are paying you
Future business insurability	✓	Available if you are a business owner with more than \$500,000 in Death cover and/or Permanent Incapacity cover only ⁽ⁱ⁾
Waiver of premium option	✓	Available for Death cover and Permanent Incapacity cover only
Super guarantee option	✓	Available for Temporary Incapacity cover only

(i) Not available if your cover has a premium loading or exclusion(s) for health reasons.

More information about each type of cover, and the options available with them, is provided in this insurance guide.

Death cover

Death cover pays a lump sum if you die. If you have Death cover on your account, the insurer will pay the Death cover insured amount to your super account if you die (except as outlined on page 20).

Terminal Medical Condition cover

Death cover has in-built Terminal Medical Condition cover at no extra cost. If you have Death cover on your account, the insurer will pay 100% of your Death cover insured amount to your super account if you are diagnosed as having a **terminal medical condition** (defined on page 24).

More information about Terminal Medical Condition cover begins on page 11.

Permanent Incapacity cover

Permanent Incapacity cover pays a lump sum to your super account if you suffer a long-term disability (except as outlined on page 19). We pay the Permanent Incapacity cover insured amount.

More information about Permanent Incapacity cover, and the options available with this benefit, is outlined on page 12.

Temporary Incapacity cover (income replacement)

Temporary Incapacity cover pays a monthly amount if you are unable to work due to illness or injury (except as outlined on page 20), and is designed to help you continue paying your day-to-day living expenses while you are unable to work and your temporary incapacity premium is waived during this period. We will pay you a monthly benefit into your super account if you meet the Temporary Incapacity cover definition.

More information about Temporary Incapacity cover, and the options available with this benefit, begins on page 13.

Interim cover

The insurer will provide you with Interim cover while we consider your application for Super Protection. A full description of Interim cover is provided on page 19.

24 hour worldwide coverage

For Death cover, Permanent Incapacity cover and the waiver of premium option, the insurer will pay for death or an illness or injury that happens anywhere in the world at any time.

For Temporary Incapacity cover, the insurer will pay for an illness or injury that happens anywhere in the world at any time. The insurer may only pay you for a maximum of three months while you are outside Australia or New Zealand (if you are still entitled to be paid). If they decide to pay the benefits while you are outside Australia or New Zealand for longer than three months, the insurer may set the conditions for payment.

Premiums examples

To give you an illustration of how much Super Protection insurance can cost, some insurance premium examples are provided in this section. You need to be aware they are examples only. The insurance premium you would pay needs to be specifically tailored to you. You can obtain a tailored insurance premium quote from your financial adviser or by calling us on 133 888.

Member's details	Personal insurance selected	Approximate insurance premium payable
Example 1		
Age 40 next birthday as at previous 1 July Male Non-smoker Qualified accountant	Death cover \$300,000 Permanent Incapacity cover \$300,000 Temporary Incapacity cover \$4,500 per month: – 30-day waiting period – two-year benefit period	\$84.52 per month
Example 2		
Age 40 next birthday as at previous 1 July Female Non-smoker Qualified accountant	Death cover \$300,000 Permanent Incapacity cover \$300,000 Temporary Incapacity cover \$4,500 per month: – 30-day waiting period – two-year benefit period	\$98.71 per month

The above examples are provided by the way of illustration only. The figures are based on the details provided and excludes any stamp duty and insurance service fees. They shouldn't be taken as the actual amount of premiums you'll pay.

Death cover in detail

If you are aged between 13 and 74, you can apply for Death cover. You must apply for at least \$10,000 in cover, but there is no maximum limit on Death cover. If you have Death cover on your account we will pay the Death cover insured amount to your super account if you die.

Death cover automatically includes future personal insurability.

The sooner we are notified, the more efficiently the insurer will be able to assess a claim. If a delay affects the insurer's ability to assess a claim, the benefit paid may reduce to take that into account.

Terminal Medical Condition cover

Death cover has in-built Terminal Medical Condition cover at no extra cost. If you have a terminal medical condition, except as outlined below, the insurer will pay 100% of your Death cover insured amount to your super account.

The definition of terminal medical condition is explained on page 24. We may ask you to provide additional evidence to confirm your prognosis. This may include providing information from medical advisers the insurer choose.

Under superannuation law, a member who is certified by two doctors (one who is a specialist in the field of the Insured Member's illness) as having a life expectancy of 24 months or less from the date of certification will be considered to have met a Terminal Illness condition of release, and therefore will be able to withdraw their superannuation account balance, irrespective of their age. Where members who have met a condition of release choose to withdraw their entire full account balance, their superannuation account will be closed and any insurance cover that the member holds through that account will be cancelled from the date of closure.

Before closing their account, Terminally Ill members should seek financial advice to ensure that they fully understand the impact that this will have on their ability to claim against any insurance cover that they hold through their superannuation account. In particular, members should consider that where their Death cover is cancelled as a result of the closure of their

superannuation account, their beneficiaries will not be able to claim against that insurance cover in the unfortunate event that the member dies. Further, members should be aware that generally, Terminal medical condition insurance cover is automatically provided as part of Death cover. The amount of a Terminal medical condition benefit will be limited to the lesser of the Death cover sum insured and the maximum value of a Terminal medical condition benefit allowed under the insurance policy.

If Terminal medical condition cover is provided, the Insurer will generally only pay a Terminal medical condition claim where two doctors (one who is a specialist in the field of the Insured Member's illness) have certified the member as having a life expectancy of 12 months or less from the date of certification. This is less than the 24 month certification period which is required under superannuation law for members to close their superannuation account. As a result, while Terminally Ill members who under superannuation law are able to close their account 24 months before the expected date of death, they may choose to leave their superannuation account open with sufficient funds to pay their ongoing insurance fees. By continuing to hold their insurance cover in their superannuation account, members may be entitled to a Terminal medical condition benefit payment once their life expectancy is 12 months or less.

The amount paid under Terminal Medical Condition cover is the Death cover insured amount on the date the insurer agrees with the doctor's prognosis. No terminal medical condition benefit will be paid if the Death cover has lapsed, has been cancelled, or is otherwise not in force prior to the date you became terminally ill. The insurer will only pay a benefit if the insured event happens after the cover starts and before the cover ends.

Your Permanent Incapacity cover will reduce by the amount of any terminal medical condition benefit paid. On payment of a terminal medical condition benefit, the Death cover will cease.

Permanent Incapacity cover in detail

If you are aged between 16 and 60, and your occupation meets the eligibility rules, you can apply for Permanent Incapacity cover of between \$10,000 and \$5 million.

If you have Permanent Incapacity cover on your account, the insurer will pay the insured amount to your super account if you become permanently incapacitated. The definition of permanently incapacitated is below. Permanent incapacity has a corresponding meaning.

If the insurer pays a permanent incapacity benefit, any Death cover insured amount you have is reduced by the amount of Permanent Incapacity cover paid. The insurer will only pay a benefit if the insured event happens after the cover starts and before the cover ends.

The sooner we are notified of your illness or injury, the more effectively we will be able to work with you and the insurer through the claims process. If we are not notified of your illness or injury as soon as reasonably possible, the insurer may reduce the amount of any benefit paid, to the extent that they have been prejudiced by the delay and their ability to assess your claim. Permanent Incapacity cover automatically includes future personal insurability and the death benefit.

If you permanently leave employment (eg retirement), you must tell us to stop your cover, otherwise we will continue to charge the full insurance fee for a benefit you will no longer be eligible to claim. If you stop working temporarily, you may continue to pay the insurance fee to ensure your cover is maintained for a point in the future when you do return to work.

When the insurer will pay

The insurer will pay your Permanent Incapacity insured amount to your super account if:

- you become permanently incapacitated
- you survive for eight days from the occurrence of the illness or injury that directly or indirectly caused you to become permanently incapacitated
- you have been under the ongoing care and attention of a doctor for that illness or injury, and
- the illness or injury that caused you to become permanently incapacitated wholly prevented you from engaging in regular remunerative work or home duties (where applicable) for the qualifying period of at least three months in a row.

What does permanently incapacitated mean

Standard definition

You are permanently incapacitated if the insurer is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you will ever engage in gainful employment for which you are reasonably fitted by education, training or experience, unless the modified definition applies to you.

Modified definition

If, at the time you suffer an illness or injury, you:

- are aged 65 or over
- have not engaged in regular remunerative work in the last six months, or
- have been solely performing home duties for the last six months,

you are permanently incapacitated if:

- the insurer is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you will ever engage in gainful employment for which you are reasonably fitted by education, training or experience; and
- the permanent incapacity was caused by:
 - total and irrecoverable loss of:
 - the use of two limbs
 - the sight of both eyes
 - the use of one limb and the sight of one eye, or
 - total and permanent inability to perform at least two of the activities of daily living without assistance from someone else, or
 - significant and permanent cognitive impairment with a loss of intellectual capacity, and you are required to be under the continuous care and supervision of someone else, or
 - total and permanent inability to perform home duties (only applies where at the time of suffering ill-health you are under the age of 65 and have been solely performing home duties for the last six months).

What does ongoing care mean

You:

- have sought advice, care and associated treatment that was reasonably necessary and appropriate, from an appropriate doctor or consultant medical specialist who personally assessed you, and you have continued to do so at reasonable intervals in the circumstances, and were provided with full clinical details in relation to your illness or injury
- followed the advice, care and associated treatment of the appropriate doctor or consultant medical specialist, and
- have taken all other reasonable measures to minimise or avoid further illness or injury.

What does regular remunerative work mean

You are engaged in regular remunerative work if you are doing work in any employment, business or occupation for at least 10 hours per week. You must be doing the work for reward – or hope of reward – of any type.

What does gainful employment mean

You are employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

What does home duties mean

The following duties related to running the family home:

- cleaning the family home
- shopping for food and household items
- meal preparation
- laundry services, and
- caring for a child or dependant.

Waiving the qualifying period

The insurer will waive the three month qualifying period if you became permanently incapacitated as a result of one of the following conditions:

- Alzheimer's disease and other dementias
- blindness
- cardiomyopathy
- loss of hearing
- loss of speech
- lung failure
- major head trauma
- motor neurone disease
- multiple sclerosis
- muscular dystrophy
- paralysis – diplegia
- paralysis – hemiplegia
- paralysis – paraplegia
- paralysis – quadriplegia
- paralysis – tetraplegia
- Parkinson's disease (advanced)
- primary pulmonary hypertension
- severe rheumatoid arthritis
- significant and permanent cognitive impairment with a loss of intellectual capacity, and you are required to be under the continuous care and supervision of someone else
- total and irrecoverable loss of the use of one limb and the sight of one eye, or
- total and permanent inability to perform at least two of the activities of daily living without assistance from someone else.

Death benefit

This is an in-built feature of Permanent Incapacity cover. If you have Permanent Incapacity cover but do not have Death cover or any Death cover under any Resolution Life policy, you will be paid an amount if you die.

The insurer will pay the death benefit if you die while this account is in force. They will pay \$10,000 (or the Permanent Incapacity cover insured amount if it is lower than \$10,000). The insurer will only pay once across all accounts you hold with AMP. This feature must be claimed within 12 months of death.

This benefit is not payable if you die by your own hand within 13 months of the commencement or reinstatement of Permanent Incapacity cover, or if you are entitled to a Permanent Incapacity benefit.

Temporary Incapacity cover in detail

What is Temporary Incapacity cover and how does it work

Temporary Incapacity cover includes:

- total temporary incapacity, and
- partial temporary incapacity.

The total temporary incapacity benefit only applies if you are unable to work and you are under the ongoing care of a doctor. The partial temporary incapacity benefit is available if you have returned to work, but you are earning less than you were prior to the temporary incapacity.

If you choose Temporary Incapacity cover and you meet the definition of temporarily incapacitated, the insurer will pay a monthly benefit into your super account.

Temporary Incapacity cover automatically includes the:

- CPI feature (see page 19)
- death benefit (see page 16)
- change of employer feature (see page 16), and
- future income insurability (see page 17)

at no extra cost.

You can also apply for the super guarantee option (see page 15).

Monthly benefit – how much can I be insured for

If you are aged between 16 and 60, you can choose the amount of the monthly benefit, subject to the following maximum percentages:

- up to 75% of the first \$320,000 of your annual income, plus
- up to 50% of the next \$240,000 of your income.

Further, the insured amount must be between \$1,250 and \$30,000 per month. The maximum monthly benefit will include the super guarantee option (if applicable). We encourage you to review your cover (in relation to your current earnings) with your financial adviser from time to time.

Benefit period

When you apply for Temporary Incapacity cover, you must select a benefit period. This is the maximum period you want the benefit to be paid for if you become temporarily incapacitated. You can choose from one of the following benefit periods:

- two years
- five years, or
- to age 65.

Waiting period

You must also select the waiting period. The waiting period is the period of time that needs to have passed before a benefit is paid.

Benefit period	Waiting period available – days
Two years	30, 60, 90, 180
Five years	30, 60, 90, 180
To age 65	30, 60, 90, 180, 720

Eligibility to claim a total temporary incapacity benefit

You must be temporarily incapacitated for the duration of the waiting period before a total temporary incapacity benefit can be payable.

Eligibility to claim a partial temporary incapacity benefit

To be eligible to claim you must be:

- temporarily incapacitated for at least the first 14 days during the waiting period, and
- earning less than you did before the period of temporary incapacity, due to the illness or injury that caused your temporary incapacity, for the remaining days of the waiting period.

Returning to work during the waiting period

If you return to work for five days or less during the waiting period and you cease work again because of the same disablement, the waiting period will not begin again. If you return to work for more than five days, the waiting period will start again.

What happens if you stop working

If you cease to be employed for reasons other than injury or illness, then the insurer will not pay any temporary incapacity benefit.

If you leave employment, then you should tell us to stop your cover – otherwise we will continue charging you the full insurance fee for a benefit you will no longer be eligible to claim.

Total temporary incapacity

The total temporary incapacity benefit is designed to pay you a monthly amount if you are unable to work.

The insurer will pay a benefit if you are temporarily incapacitated for a period longer than your waiting period.

What does temporarily incapacitated mean

You are temporarily incapacitated if ill-health (physical or mental) caused you to be unable to do your usual occupation.

You must have ceased to be able to do your usual occupation (or have ceased temporarily to receive any gain or reward under a continuing arrangement to do your usual occupation).

When the insurer will pay

The insurer will pay the monthly total temporary incapacity insured amount if you are temporarily incapacitated, and:

- you are so ill or injured that you can't do your usual occupation, and
- you are under the ongoing care of a doctor for the illness or injury that caused you to be temporarily incapacitated.

You must be temporarily incapacitated for a period longer than your waiting period before the benefit is paid.

What will the insurer pay

The insurer will pay an amount up to 75% of your pre-incapacity income. We do not pay more than the maximum monthly benefit. Pre-incapacity income is defined on page 23.

What does gainfully employed mean

You are employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

When the insurer assess your ability to be gainfully employed, the assessment is based on your capacity to carry out any one duty, or combination of duties, that are critical to the proper performance of your usual occupation.

What does ongoing care mean

You:

- have sought advice, care and associated treatment that is reasonably necessary and appropriate, from an appropriate doctor or consultant medical specialist who has personally assessed you, and you are continuing to do so at reasonable intervals in the circumstances
- have been provided with full clinical details in relation to your illness or injury
- are following the advice, care and associated treatment of the appropriate doctor or consultant medical specialist, and
- are taking all other reasonable measures to minimise or avoid further illness or injury.

If you receive income from other sources

If you receive income from other sources while you are receiving a benefit, the amount you are paid will reduce.

The insurer will reduce this amount so that, when it is added to the amounts paid from other sources, you don't receive more than 75% of your **pre-incapacity income** while you are temporarily incapacitated. The insurer does not pay more than the maximum monthly benefit.

Payments that the insurer takes into account as other sources include payments from:

- any sick leave
- any workers compensation, accident compensation or public liability scheme, or
- any insurance plans that you obtained after you applied for Temporary Incapacity cover, if your total income protection benefits from all insurance plans exceeds 75% of your pre-incapacity income.

If any of these regular payments are paid other than monthly, the insurer will convert them to monthly payments for our calculation.

If the payment is a lump sum, then only that part of the payment that relates to compensation for loss of wages or earning capacity will be taken into consideration.

The insurer does not take investment income or other forms of unearned income into account.

When will you receive your payment

Total temporary incapacity benefits are paid monthly in arrears, so the first payment will be made approximately one month after the waiting period ends.

How long will you be paid for

Depending on the benefit period you selected, you will either be paid for a maximum of two years, five years, or until you turn 65 for a single claim. If you qualify for a temporary incapacity benefit while you are outside Australia or New Zealand, the insurer may pay you for a maximum period of three months.

Temporary incapacity benefit payments will recommence when you return to Australia or New Zealand (if you are still entitled to be paid). If the insurer decides to pay benefits while you are outside Australia or New Zealand for longer than three months, then the insurer may set certain conditions for these payments.

Claim requirements

The sooner we are notified of your illness or injury, the more effectively we will be able to work with you and the insurer through the claims process. If we are not notified of your illness or injury as soon as reasonably possible, the insurer may reduce the amount of any benefit paid, to the extent that they have been prejudiced by the delay and their ability to assess your claim.

Partial temporary incapacity

When the insurer will pay

The insurer will pay you the partial temporary incapacity benefit when you return to work after a period of temporary incapacity, if:

- an illness or injury which made you temporarily incapacitated causes you to earn less than you did before the period of temporary incapacity

- the period of temporary incapacity lasted for at least the first two weeks of the waiting period
- you have the approval of your doctor to return to work and the insurer agrees, and
- you remain under the ongoing care and advice of your doctor.

What you will receive

The amount you will receive is the total temporary incapacity benefit, reduced by a proportion to reflect what you are earning. The insurer will calculate your partial temporary incapacity benefit using the following calculation:

$$\frac{(A - B)}{A} \times C$$

Where:

A is your monthly pre-incapacity income.

B is the current monthly amount you earn from working.

C is the monthly total temporary incapacity benefit amount.

If you receive income from other sources

If you receive regular income amounts from other sources while you are receiving a benefit, the amount paid will be reduced. The insurer will reduce this amount so you don't receive more than 100% of your pre-incapacity income while you are claiming a partial temporary incapacity benefit. The insurer does not pay more than the maximum monthly benefit.

Payments that the insurer takes into account as other sources include regular payments from:

- any sick leave
- any workers compensation, accident compensation or public liability scheme, or
- any insurance plans that you obtained after you applied for Temporary Incapacity cover, if either the insurer did not consider this plan in assessing your eligibility or if your total income from all insurance plans exceeds 75% of your pre-incapacity income.

If any of these regular payments are paid other than monthly, the insurer will convert them to monthly payments for our calculation.

If the payment is a lump sum, then only that part of the payment that relates to compensation for loss of wages or earning capacity will be taken into consideration.

The insurer does not take investment income or other forms of unearned income into account.

When will I receive my payment

Partial temporary incapacity benefits are paid monthly in arrears so the first payment will be made approximately one month after the waiting period ends.

If you are already being paid a total temporary incapacity benefit for this claim, we keep paying on the same dates and the waiting period will not apply again.

How long will I be paid for

We pay the partial temporary incapacity benefits until you no longer meet all the conditions listed under when the insurer pays, in the partial temporary incapacity section. We will not pay for longer than the benefit period.

If you qualify for a temporary incapacity benefit while you are outside Australia or New Zealand, the insurer may pay for a maximum period of three months. Temporary incapacity benefit payments will recommence when you return to Australia or New Zealand (if you are still entitled to be paid). If the insurer decides to pay benefits while you are outside Australia or New Zealand for longer than three months, then the insurer may set certain conditions for these payments.

Returning to work during the waiting period

The same conditions as those outlined under total temporary incapacity on page 13 apply.

When temporary incapacity benefit payments stop

We stop paying if any of the following occur:

- all the periods for which we have paid under the one claim add up to the benefit period
- in the insurer's opinion, you are no longer temporarily incapacitated (either totally or partially)
- you are able to earn your full income again (for partial temporary incapacity claims)
- you do any remunerative work, except where a partial temporary incapacity benefit applies
- you are no longer under the ongoing care of a doctor
- the Temporary Incapacity cover ends
- you turn 65, or
- you die.

When your payments stop, we will also stop:

- waiving your Temporary Incapacity cover premiums, and
- paying any member contributions under the super guarantee option (if applicable).

Relapse

If the insurer stops paying your temporary incapacity benefit and you return to work, another period of incapacity for the same or related cause will only be treated as a new claim if you have worked in your usual occupation for six consecutive months or more, for at least your usual income. Otherwise the insurer treats this relapse as a continuation of the previous claim and the waiting period and benefit period do not start again. No further payments will be made if you have already been paid for the entire benefit period.

Waiver of Temporary Incapacity cover premiums

You don't have to pay your Temporary Incapacity cover premiums while being paid either a total temporary incapacity benefit or partial temporary incapacity benefit.

Super guarantee option (extra cost option)

This feature is an option under Temporary Incapacity cover.

What is the super guarantee option

If you become incapacitated, and are unable to earn an income, your employer may also stop making super guarantee (SG) contributions.

The super guarantee option allows you to insure these contributions, subject to the maximum insurable amounts described under the what will you receive section below.

Please note: Because this option provides for an increased benefit, your insurance fee will be higher if you choose this option.

What will you receive

The maximum monthly benefit will include the super guarantee option. Under this option you can choose to insure an amount equal to either:

- your compulsory SG contributions as at the time of your application, or
- a nominated percentage of annual income above the default minimum, but not more than 15%.

The percentage nominated is limited to your actual superannuation contribution percentage at the time of application. At each plan anniversary, we will increase this amount by the annual change in the CPI.

The insurer will pay under the super guarantee option, into your super account, if we are paying you under one of the following income benefits:

- total temporary incapacity benefit, or
- partial temporary incapacity benefit.

The amount insured under the super guarantee option will be in addition to these income benefits.

If the super guarantee option applies to your plan, your SG contributions or nominated percentage can't be included as income when determining your maximum monthly benefit. Any contributions exceeding 15% of your annual income can be included as income for the purpose of calculating the monthly benefit. See page 22 for the definition of income.

How long will you be paid for

The increased cover will be clearly set out in a document we send you.

The final amount paid into your super account will be your chosen super guarantee option amount, reduced by any fees and taxes payable on member contributions.

The deduction from your benefit and contribution to your Super account will only be made if it is allowed under current Government regulation.

Please provide your tax file number for the Trustee to be able to make this contribution for you. See the member guide for more details. If the Trustee does not have your tax file number then it will need to make this payment to a superannuation fund nominated by you

We will make any payments due under the super guarantee option until:

- we stop paying you a total or partial temporary incapacity benefit, or
- your insurance under Temporary Incapacity cover ends.

Death benefit

This is an in-built feature of Temporary Incapacity cover only if all insurance policies you hold with the insurer don't have Death cover for you.

The insurer will pay additional payments under the death benefit if you die while you are eligible to receive, and are receiving either a total temporary incapacity cover benefit or a partial temporary incapacity cover benefit. The insurer does not pay under the death benefit if you die during the waiting period.

The insurer will pay six extra payments, with each payment equal to the amount we would have paid each month if you were totally temporarily incapacitated. The maximum the insurer will pay under the death benefit under all insurance plans you hold with the insurer is \$60,000. This feature must be claimed within 12 months of death.

The death benefit is only payable once under all policies held with the insurer.

Other features and options in detail

Change of employer feature (for Temporary Incapacity cover)

You can shorten the waiting period to the next shortest available waiting period if you change employer for reasons other than illness or injury.

This feature must be exercised within 60 days of leaving your employer and you can only apply to shorten your waiting period once in any 12-month period.

If you shorten the waiting period, the premium will increase. You can't shorten the waiting period while being paid a Temporary Incapacity cover benefit (or during the waiting period). If your Temporary Incapacity cover has a specified waiting period on it, which was added during the application process, you cannot change the waiting period.

When you ask us to shorten the waiting period, you need to provide proof that you have changed employer.

The change of employer feature is not available to self-employed members or contractors.

Future income insurability (for Temporary Incapacity cover)

Future income insurability allows you to increase your Temporary Incapacity cover when your income increases without having to provide any more evidence of your health.

Future income insurability is built-in if you have Temporary Incapacity cover on your account. You may apply for an increase once in any 12-month period.

You can increase your insured amount when:	<ul style="list-style-type: none">– you have an income increase of at least 5% and \$5,000.– future income insurability may only be exercised once every 12 months.
To increase your insured amount you must:	<ul style="list-style-type: none">– provide appropriate proof of your increase in income, such as a letter from your employer.
The maximum you may increase your cover at any one time is the lesser of:	<ul style="list-style-type: none">– 10% of the maximum monthly benefit amount, or– \$1,500 per month (above the amount of any increase for CPI) across all income protection insurances with AMP.
The maximum by which you can increase cover over the life of your account is either:	<ul style="list-style-type: none">– twice your original maximum monthly benefit, or– \$30,000, whichever is less.
You will not be eligible to increase your insured amount if at the time of your request:	<ul style="list-style-type: none">– you are aged under 16 or over 55– your account has more than one exclusion or a premium loading of more than 50%, or both an exclusion and premium loading, or any other special terms applied to it, or– you are entitled to make a terminal illness, total and permanent disablement (permanent incapacity), trauma, temporary incapacity cover or income protection claim under any superannuation or insurance plan.

Future personal insurability (for Death cover and Permanent Incapacity cover)

Future personal insurability allows you to increase your Death cover and/or Permanent Incapacity cover insured amount when certain life events occur, without having to provide any more evidence of your health or pastimes.

Future personal insurability is built-in if you have Death cover and/or Permanent Incapacity cover on your account.

You can increase your insured amount when:	<ul style="list-style-type: none">– you marry, register a de facto relationship or enter into a de facto agreement– you get divorced, legally separate, register a separation from a marriage or registered de facto relationship or cancel a de facto agreement– your spouse or registered de facto partner or a de facto partner who has entered into a de facto agreement with you dies– your child is born or you legally adopt a child– your child starts primary school for the first time– you are granted a housing loan by a financial institution for you to buy your first residential home– you increase your mortgage for your primary place of residence– you complete your first undergraduate degree at a recognised Australian university– you increase your financial interest in a business for which you are a working partner or a working director, and your Super Protection insurance forms part of a buy/sell, share protection or business succession agreement– you have an annual income increase of at least \$10,000 and 10%, or– you become a carer for the first time.
To increase your insured amount you must:	<ul style="list-style-type: none">– apply for the increase within 12 months of the date the event occurs. The event must happen after the cover starts, and– provide appropriate proof of that event, acceptable to us such as certification of the event or a statutory declaration.
The maximum amount you may increase your insured amount at any one time under this feature is:	up to the lesser of: <ul style="list-style-type: none">– 25% of the insured amount, or– \$250,000. You can only increase your insured amount once under this feature in any 12-month period.

<p>The maximum total amount by which you can increase your insured amount under this feature over the life of your account is:</p>	<p>Death cover the lesser of:</p> <ul style="list-style-type: none"> – the original Death cover insured amount under your account, or – \$1 million. <p>The maximum amount you can increase the Death cover insured amount to under this feature is \$5 million.</p> <p>Permanent Incapacity cover the lesser of:</p> <ul style="list-style-type: none"> – the original Permanent Incapacity cover insured amount under your account, or – \$250,000. <p>The maximum amount you can increase the Permanent Incapacity cover insured amount to under this feature is \$2.5 million.</p>
<p>You will not be eligible to increase your insured amount if:</p>	<ul style="list-style-type: none"> – you are aged under 16 or over 55 – you have more than one exclusion or a premium loading of more than 50%, or both an exclusion and a premium loading, or any other special terms added on your insurance – your insurance premiums are being waived under the waiver of premium option – you are entitled to make a terminal illness, total and permanent disablement (permanent incapacity), temporary salary continuance (temporary incapacity), income protection or trauma claim under a superannuation or insurance plan, or – for business events, where an increase has already been exercised under the future business insurability option, for the same event.
<p>More information about increasing your cover:</p>	<p>If you increase your insured amount, insurance fees will be based on the new increased insured amount and those rates applicable at the time of the increase.</p> <p>If you apply to increase your Death cover or Permanent Incapacity cover insured amount under this feature, as a result of an increase to your mortgage, the maximum increase will also be limited to the amount the mortgage is increased by.</p> <p>If you apply to increase your Death or Permanent Incapacity cover under this feature, as a result of an increase in salary, the maximum increase will also be limited to 10 times the amount of the salary increase.</p>

Extra cost option

What is future business insurability and how does it work

Future business insurability is an option that may be added to your plan if you are a business owner, aged between 16 and 55, and your Death cover and/or Permanent Incapacity cover insured amount is \$500,000 or more (for each benefit). This option will apply to both covers.

If your insurance is used as part of a written buy/sell agreement or loan guarantee, future business insurability allows you, in certain circumstances, to increase your cover to reflect an increase in the value of your business without having to provide any further evidence of your health.

When you apply for an increase, you will need to provide a valuation of your business by an appropriately qualified business valuer, accountant or other appropriate person, all of whom we must approve together with evidence of a current written buy/sell or loan guarantee agreement.

What is the maximum increase amount

The maximum amount by which you can increase each of your insured amounts at any one time is the lesser of:

- 25% of your existing insured amount, or
- \$1 million.

You may only exercise future business insurability once every 12 months. Any increase is subject to our approval and to the normal maximum cover limits. The maximum amount to which you can increase cover by exercising future business insurability is the lower of five times the original insured amount and for:

- Death cover of \$15 million.
- Permanent Incapacity cover of \$2.5 million.

If your insured amount reaches these limits, then future business insurability will automatically expire.

When does your ability to increase stop

Future business insurability also expires if:

- you don't request an increase under future business insurability within the first five years after the benefit started on your account
- it has been 10 years since the benefit started on your account, or
- you turn 65.

You cannot use this benefit if you are being paid a claim or you are eligible to make claim for a terminal medical condition/terminal illness, trauma or TPD/permanent incapacity, or temporary incapacity/ income protection benefit under any superannuation or insurance plan.

Waiver of premium option

Extra cost option

If you choose the waiver of premium option, and you become totally disabled, you do not have to pay your member fee (if applicable) and any insurance fees for Death cover or Permanent Incapacity cover, waiver of premium option and future business insurability. This means we will not deduct insurance fees for this insurance cover when you may not be contributing to your account.

The waiver of premium option is available to add to your account if you have not reached your 65th birthday.

Any waiver of premiums under the waiver of premium option will continue until you:

- turn 65
- die
- stop being a member, or
- are no longer totally disabled,

whichever occurs first.

You must notify us within 12 months of total disablement occurring. If you don't, then the insurer may reduce the amount of premium they waive.

A definition for totally disabled for the waiver of premium option appears in insurance definitions table on page 24.

The insurer will not waive premiums under the waiver of premium option if the total disability is caused, directly or indirectly, by or results from wilful or intentional self-inflicted illness or injury.

Consumer Price Index feature (for all types of cover)

To help you keep up with increases in the cost of living, the Consumer Price Index (CPI) feature automatically increases the insured amount on your account on 1 July each year. If you select the CPI feature:

- Death cover and the Permanent Incapacity cover sums insured automatically increase by the higher of 5% and the annual change in the CPI.
- The Temporary Incapacity cover insured amount will increase each year by the lesser of annual change in the CPI and 10%.

If you choose the CPI feature for your Temporary Incapacity cover on a to age 65 benefit period, this will be at an extra cost as your Temporary Incapacity cover benefit amount will also automatically increase by the CPI while we are paying you.

If you wish to add it to your account after opening, you will need to provide satisfactory evidence of your health and meet other eligibility criteria.

The table below explains when CPI increases will stop:

CPI increases stop: For the following insurance benefits:	
When we pay you a permanent incapacity benefit.	Any remaining Death cover and/or temporary incapacity cover benefit.
When we pay you a terminal medical condition benefit.	Any remaining Death cover, Permanent Incapacity cover, and/or Temporary Incapacity cover.
While we are paying you a temporary incapacity benefit.	Temporary Incapacity cover with a two or five year benefit period.
Once you turn 65.	Death cover, Permanent Incapacity cover and Temporary Incapacity cover.

Interim cover (for all types of cover)

When does this cover start

Cover will start when we receive a completed application for Super Protection insurance, including personal statement, and we have received a contribution into your account.

When the insurer will pay

If you die – we will pay if you have applied for Death cover and you die during the Interim cover period.

Or

If you become permanently incapacitated – you will be paid if you have applied for Permanent Incapacity cover, and solely as a result of an accident during the Interim cover period, you become permanently incapacitated.

Or

If you are temporarily incapacitated – you will be paid if you have applied for Temporary Incapacity cover and you become temporarily incapacitated (defined on page 13) as a result of either:

- an accident occurring during the Interim cover period, or
- an illness occurring 30 days or more after the commencement of the Interim cover.

The benefit is paid monthly while you are temporarily incapacitated, starting from the end of the waiting period selected, for a maximum of 12 months.

No partial temporary incapacity benefit is payable under Interim cover.

What the insurer will pay

The insurer will only pay Interim cover once. The amount paid is as follows:

- If you die, then the Death cover insured amount you have applied for is paid, but not more than \$1 million.
- If you become permanently incapacitated, the Permanent Incapacity cover insured amount you have applied for, is paid up to \$600,000.
- If you have applied for Temporary Incapacity cover, then the monthly amount paid will be the lesser of:
 - \$10,000 per month, or
 - the maximum monthly benefit you applied for.

When the insurer won't pay

The insurer will not pay:

- if your application is one which the insurer would not normally accept under their standard underwriting rules and exclusions
- when death or disablement is caused by intentional self-inflicted injury or suicide
- when death or disablement is caused by a pre-existing condition you were aware of at the time of applying for this cover, or
- when death or disablement is caused by you engaging in any sport, pastime or occupation, which would not normally be covered under the insurer's standard underwriting rules.

Pre-existing condition means: An injury or illness you were diagnosed with, had any symptoms of, or were treated for, prior to the commencement of Interim cover, unless attributed to a sickness or disability that:

- you were not aware of, and
- a reasonable person in the circumstances could not be expected to have been aware of, at the time the Interim cover commenced.

When this cover stops

Interim cover will stop on the earliest of:

- 90 days from the date Interim cover starts
- the date your Super Protection insurance (Death cover, Permanent Incapacity cover or Temporary Incapacity cover) commences
- the date you withdraw your application, or
- the date we advise of cancellation of the Interim cover or Super Protection insurance application.

If the insurer changes the insurance offered while considering your application, your Interim cover may change accordingly.

When this cover is not available

Interim cover will not be available if you:

- have ever withdrawn an application for insurance (including through a super fund)
- have ever applied for similar insurance and the application was declined
- are applying for, or have obtained, similar insurance with another insurer, or
- are applying for insurance to replace existing cover.

What happens if you are claiming a permanent incapacity benefit and you die before the claim has been accepted by the insurer

If you die while your permanent incapacity claim is being considered, the insurer will consider eligibility to claim under Death cover instead, unless your Permanent Incapacity cover is higher than your Death cover insured amount. SignatureSuper insurance cover will not pay both the Permanent incapacity and the Death cover. Only the higher amount will be paid.

When the insurer won't pay a Super Protection claim

Other than the standard exclusions detailed below, we will tell you in writing of any other specific terms (exclusions) that the insurer may apply when the insurance is accepted on your account.

Temporary Incapacity cover

Temporary Incapacity cover benefit won't be paid if your disablement results from intentionally self-inflicted illness or injury, or if your illness or injury was caused by war.

The insurer doesn't pay for normal and uncomplicated pregnancy or childbirth. However, they will pay if the insured person is temporarily incapacitated because they experienced complications during pregnancy or while giving birth.

Permanent Incapacity cover and waiver of premium option

The insurer won't pay the Permanent Incapacity cover insured amount or waive a premium under the waiver of premium option if disablement results from intentionally self-inflicted illness or injury.

Death cover (including Terminal Medical Condition cover)

The insurer won't pay the death benefit:

- if death was as a result of suicide, or
- if your terminal medical condition was caused by your own hands,

within 13 months of the insurance being taken out, reinstated, or increased (for the amount of the increase).

The insurer won't pay a terminal medical condition benefit if either:

- they have not been provided with any evidence they reasonably require to determine whether you have a terminal medical condition, or
- you are terminally ill as a result of wilful and intentional self-inflicted illness or injury.

If your account replaces a previous cover issued by us or another insurer, the 13-month exclusion for Death cover and Terminal Medical Condition cover will not apply if you were entitled to claim under the previous cover, provided:

- the previous cover was in force at the time the insurer issued this insurance, and
- the previous cover was in force for at least 13 months.

At the time of any claim, for this exception to apply, we will require satisfactory evidence of your previous cover.

When does your Super Protection cover stop

Your insurance continues until:

- for Death cover, you turn 99.
- for Permanent Incapacity cover, you turn 99,¹
- for Temporary Incapacity cover, you turn 65.
- for waiver of premium, you turn 65.
- for future business insurability, you turn 65.
- you cancel your insurance benefit(s), or
- you stop being a member, or
- the Insurance Benefit reduces to zero, or
- you die.

If you cancel your cover:

- you will not be able to make a claim for insurance benefits for events or conditions that arise after your cover has cancelled
- we will no longer deduct insurance fees from your account, and
- you may not be able to apply for cover again.

If you are cancelling your cover because you intend to apply for alternative cover elsewhere, you should not cancel until the alternative cover is in place. You can get independent financial advice to help you to make a decision on cancellation.

Your insurance will stop if no contributions or rollovers have been received into your account for a continuous period of 16 months, unless you have told us in writing that you want to keep your insurance. You can make an election to keep your insurance online at amp.com.au/insurancecancellation.

Your account doesn't have enough money to pay the full value of all insurance fees at the time that they are charged to your account, meaning insurance will stop 30 days after we give you written notice of this (unless sufficient further contributions are made). If your insurance stops, you will need to reapply if you want insurance cover.

If we pay a claim for:

- Terminal Medical Condition cover, any Permanent Incapacity cover insured amount will be reduced by the amount paid.
- Permanent Incapacity cover, any Death cover insured amount will be reduced by the amount paid.

Replacement option

If you wish to continue your Death cover after you are no longer permitted to make superannuation contributions under superannuation law, you can apply for an insurer's non-superannuation insurance plan without providing any evidence of health. The new insurance plan will be dependent on the terms and conditions applicable at the time. You must apply within 60 days of cancellation of your superannuation insurance. You can't take up this option if you're eligible to make a Terminal Medical Condition claim under this super account.

Taxation

TSC benefits paid directly to you are treated as taxable income and attract Pay As You Go withholding tax, the same as salary and wages.

We will deduct any tax that we are required to deduct before we pay you.

¹ A modified Permanent Incapacity definition applies after age 65 – see page [Permanent Incapacity cover in detail](#)

Insurance definitions for Super Protection

Term	Definition
Accident/Accidental	Accident is bodily injury caused directly or solely by violent, external and visible means and independent of all other causes.
Activities of daily living	<ol style="list-style-type: none"> 1. Washing: You can wash yourself by some means. 2. Dressing: You can put clothing on or take clothing off. 3. Feeding: You can get food from a plate into your mouth. 4. Continence: You can control both your bowel and bladder function. 5. Mobility: You can <ol style="list-style-type: none"> 1. get in and out of a bed 2. get on or off a chair/toilet 3. move from place to place without using a wheelchair.
Alzheimer's disease and other dementias	You receive an unequivocal diagnosis of dementia (including Alzheimer's disease) by an appropriate consultant medical specialist resulting in significant cognitive impairment with a Mini-Mental State Examination score of 24 or less.
Base factor	The monthly base factor premium is \$9.92 and only applies if you have Death cover on your account. The base factor premium will be increased with indexation on 1 July each year.
Benefit period (for Temporary incapacity cover)	The longest period of time for which we will pay any one claim.
Blindness (for Temporary Incapacity cover)	You lose the sight of both eyes to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 10 degrees or less of arc. That loss must be irreversible and unable to be corrected by glasses or any other means.
Cardiomyopathy	Your heart muscle fails to function properly resulting in permanent physical impairment to at least Class 3 of the New York Heart Association Classification of Cardiac Impairment.
Carer	The primary caregiver for a disabled or aged person who provides assistance with communication, mobility or self-care for more than six months.
Doctor	<p>A legally qualified medical practitioner registered to practise in Australia, New Zealand, the United Kingdom, the United States of America or Canada. That person may not be:</p> <ul style="list-style-type: none"> — you — your business partner, or — a member of your immediate family.
Income (for Temporary Incapacity cover)	<p>If you are employed – income includes your total income package from employment, including commissions, regular bonuses, fringe benefits, employer superannuation contributions and any other items relating to your own efforts. We include superannuation contributions made by your employer that are part of a salary sacrifice arrangement between you and your employer. Investment income is not included. If you choose the super guarantee option, any superannuation contribution amount insured under this option will not be included in the calculation of income.</p> <p>If you are self-employed – if you own (directly or indirectly) all or part of your business or practice, income means the income earned by the business or practice as a result of your personal exertion or activities, less your share of the business expenses incurred in earning that Income. Investment income is not included.</p>
Insurance premiums	The total premiums you pay for the insurance benefits and options on your account. This amount excludes any stamp duty and insurance servicing fees payable.
Limb	The whole hand below the wrist or the whole foot below the ankle.
Loss of hearing	You suffer a total and permanent loss of hearing, both natural and assisted from both ears. A cochlear implant must be deemed necessary by an appropriate consultant medical specialist. This must be certified at least three months after the ability to hear was first lost.
Loss of speech	You totally lose the ability to speak due to organic brain disease or accidental injury. The loss must be irreversible and must not be due to any psychological cause.
Lung failure	You suffer chronic lung disease and as a result require permanent supplementary oxygen. The requirement for supplementary oxygen will be an arterial blood oxygen partial pressure of 55mmol/L or less, while breathing room air.

Term	Definition
Major head trauma	You suffer an accidental head injury which produces neurological deficit causing the inability to perform any one of the activities of daily living without assistance from someone else or causing significant functional impairment, which in the opinion of an appropriate consultant medical specialist, is likely to be permanent.
Maximum monthly benefit (for Temporary Incapacity cover)	The amount agreed when your Temporary Incapacity cover commences. The monthly amount we pay will not exceed the amount you have nominated in your application form and which we have agreed to insure you for. It may have subsequently changed as a result of: <ul style="list-style-type: none"> the CPI feature, or you requesting a change and we agree to the change.
Motor neurone disease	You receive an unequivocal diagnosis of motor neurone disease by an appropriate consultant medical specialist.
Multiple sclerosis	You receive an unequivocal diagnosis of multiple sclerosis, with more than one episode of neurological deficit with persisting neurological abnormalities, by an appropriate consultant medical specialist.
Muscular dystrophy	You receive an unequivocal diagnosis of muscular dystrophy by an appropriate consultant medical specialist.
Paralysis – diplegia	You suffer total and permanent paralysis of both arms or both legs due to organic disease or accidental injury.
Paralysis – hemiplegia	You suffer total and permanent paralysis of both the arm and the leg on the same side of the body due to organic disease or accidental injury.
Paralysis – paraplegia	You suffer total and permanent paralysis of both legs due to organic disease or accidental injury.
Paralysis – quadriplegia	You suffer total and permanent paralysis of both arms and both legs due to organic disease or accidental injury.
Paralysis – tetraplegia	You suffer total and permanent paralysis of both arms and both legs, together with loss of head movement, due to organic disease or accidental injury.
Parkinson's disease (Advanced)	You receive an unequivocal diagnosis of advanced Parkinson's disease. There must be significant neurological deficit which causes permanent inability to perform any one of the activities of daily living without assistance from someone else.
Pre-incapacity income (for Temporary Incapacity cover)	Your income prior to a period of total temporary incapacity. We use the 12 months immediately before you became temporarily incapacitated. We divide that amount by 12 to get the monthly amount. If you are taking, or have returned to work within the last 12 months after taking, maternity leave, paternity leave or leave without pay, we use the 12 months immediately before the start of that leave. We divide that amount by 12 to get the monthly amount.
Primary pulmonary hypertension	You suffer primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.
Severe rheumatoid arthritis	Rheumatoid arthritis (severe) means the unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. To fulfil the criteria for severe rheumatoid arthritis there must be: <ul style="list-style-type: none"> diagnosis of Rheumatoid Arthritis as specified by the 2010 Rheumatoid Arthritis Classification Criteria (i) unresponsive to treatment for at least 9 months with disease-modifying antirheumatic drugs and biologic agents symptoms and signs of persistent inflammation (swelling and tenderness) of multiple joints, and due to rheumatoid arthritis, the insured must permanently satisfy two of the following criteria: <ul style="list-style-type: none"> Dexterity - The inability to use hands and fingers to pick up and manipulate small objects such as cutlery, including being unable to write using a pen or pencil. Lifting - The inability to lift, carry or otherwise move everyday objects by hand. Everyday objects include a kettle of water, a bag of shopping, an overnight bag or briefcase. Bending - The inability to bend or kneel to pick up something from the floor and stand up again and the inability to get into and out of a standard car. Mobility - The inability to walk a distance of 200 metres on flat ground, with or without the aid of a walking stick and without having to rest or experiencing severe discomfort. <p>(i) American College of Rheumatology and European League Against Rheumatism.</p>

Term	Definition
Stamp duty	Stamp duty differs between states and territories. Stamp duty charges depend on your insurance cover and the state or territory we record as your residential address.
Terminal medical condition	<p>You are suffering from an illness, or have incurred an injury, and:</p> <ul style="list-style-type: none"> — two registered medical practitioners have certified, jointly or separately, that you suffer from an illness, or have incurred an injury, that is likely to result in your death within a period (the certification period) that ends not more than 12 months after the date of the certification — at least one of the registered medical practitioners is a specialist practising in an area related to the illness or injury suffered — for each of the certificates, the certification period has not ended, and — after consideration of such evidence as we might reasonably require, we are of the opinion that your death is likely within 12 months. <p>The amount we pay under Terminal Illness cover is the Death cover insured amount on the date we agree with the doctor's prognosis.</p> <p>We may ask you to provide additional evidence that we require in order to agree with the prognosis. This may include providing information from medical advisers we choose.</p> <p>No Terminal Illness cover will be paid if the Death cover has lapsed, been cancelled, or is otherwise not in force prior to this date.</p> <div> <p>Note: If your Death cover commenced prior to 1 July 2014 and you have continuously held Death cover since, a different definition of terminal medical condition applies.</p> </div>
Totally disabled (for waiver of premium option)	<p>Totally disabled means disablement which:</p> <ul style="list-style-type: none"> — results from an illness, accident or injury — starts when you have the waiver of premium option and before you turn 65 — prevents you from working for at least six consecutive calendar months and continues to prevent you engaging in any occupation for remuneration or profit for which you are reasonably fitted by education, training and experience, and — has required you to remain under the ongoing care and attention of a doctor. <p>On the admittance of your claim, we will refund any insurance fee paid that fell during the six-month waiting period.</p> <p>What does ongoing care mean</p> <p>You:</p> <ul style="list-style-type: none"> — have sought advice, care and associated treatment that is reasonably necessary and appropriate, from an appropriate doctor or consultant medical specialist who has personally assessed you and you are continuing to do so at reasonable intervals in the circumstances — have been provided with full clinical details in relation to your illness or injury — are following the advice, care and associated treatment of the appropriate doctor or consultant medical specialist, and — are taking all other reasonable measures to minimise or avoid further illness or injury.
Waiting period (for Temporary Incapacity cover)	The waiting period is the period of time that needs to have passed before we start to pay.

The duty to take reasonable care not to make a misrepresentation

Your legal duty

When you apply for insurance and up until your application is accepted by the insurer, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which doesn't fairly reflect the truth.

You have the same duty if anything changes, or you remember more information, while the insurer is processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same duty to take reasonable care not to make a misrepresentation to the insurer at that time.

You are responsible for all answers given, even if someone assists you with your application.

The insurer may later investigate the answers given in your application, including at the time of a claim.

If you don't meet your legal duty

If you don't meet your duty to take reasonable care not to make a misrepresentation, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Note: There may be circumstances where the insurer later investigates whether the information given to them was true, eg the insurer may do this when a claim is made.

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, there are different remedies that may be available to the insurer. These are set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put the insurer in the position it would've been in if the duty had been met. Therefore, if the person who answers the insurers questions doesn't take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

- The insurer may treat the contract (or your cover) as if it never existed—the insurer can only do this within three years of your cover starting.
- The insurer may reduce the amount you've been insured for—to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premium may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would have had to pay if you'd told them everything you should have. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.
- The insurer may vary your cover—to take into account the information you didn't tell them and put the insurer in the same position as it would've been if you'd told the insurer. Variations could mean, for example, that waiting periods,

exclusions or premium may be different. The insurer can't make variations to Death cover.

- Your total insurance cover forms one insurance contract. If you don't meet your legal duty, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- Whether the person who answered the insurer questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific their questions were and how clear the information they provided on the duty was.
- What the insurer would have done if the duty had been met—for example, whether the insurer would have offered cover, and if so, on what terms.
- Whether the misrepresentation was fraudulent, and
- In some cases, how long it has been since the cover started.

Before the insurer exercises any of these remedies, they will let you know their reasons and the information they rely on and give you an opportunity to provide an explanation.

If the insurer decides to exercise one of these remedies, they will advise you of their decision and the process to have this reviewed or make a complaint if you disagree with their decision.

Guidance for answering our questions

When answering the insurer's questions, please:

- Think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask us before you respond.
- Answer every question that the insurer ask you.
- Don't assume that we or the insurer will contact your **Medical Practitioner** for any medical information.
- Answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it.
- Review your application carefully. If someone else helped prepare your application (eg, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Changes before your cover starts

Before your cover starts, the insurer may ask about any changes that means you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let us or the insurer know about any changes when they happen.

After your cover starts

If, after the cover starts, you think you may not have met your duty, please contact us immediately.

Contact us

phone 131 267
8.30am to 7.00pm Sydney time Monday to Friday

web amp.com.au/signaturesuper

email askamp@amp.com.au

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